

Collecting and Reporting Hepatitis C Information

Tips for Massachusetts Health Care Providers

Massachusetts Department of Public Health
Division of Epidemiology and Immunization, Surveillance Program
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Hepatitis C Infection Confidential Case Report
For assistance filling this form, call 617-983-6800
Save blank for state & authorized health department use)
Report status: ☐ Confirmed HCV Infection ☐ Suspected HCV Infection ☐ Reversed ☐ Link

DEMOGRAPHIC INFORMATION
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: (____)____-____ Occupation: _____
DOB: ____/____/____ Country of Birth: _____
Age: ____ ☐ Years ☐ Months ☐ Weeks ☐ Days ☐ Link
Sex: ☐ Male ☐ Female ☐ Transgender ☐ Link
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Link
Insurance: ☐ Yes ☐ No ☐ Link Is case currently incarcerated? ☐ Yes ☐ No ☐ Link
Onset date: ____/____/____
Did case have any symptoms? ☐ Yes ☐ No ☐ Link Symptom onset date: ____/____/____
Did case die of hepatitis C infection? ☐ Yes ☐ No ☐ Link
Date of death: ____/____/____
Is case notified of the diagnosis? ☐ Yes ☐ No - but to follow-up
☐ No - attempting to schedule appointment
☐ Unknown
Case pregnant? ☐ Yes ☐ No ☐ Link ☐ Not applicable
With care provider's name: _____ Patient record/chart #: _____
With care facility: _____ Phone: (____)____-____ EBF ID: _____
Please use black or blue ink Over

Why should I collect and report hepatitis C information?

As a member of the Massachusetts health care community, you can play a critical role in the advancement of hepatitis C knowledge by collecting and reporting information to the Massachusetts Department of Public Health (MDPH). MDPH uses the information you report to:

- Identify outbreaks of acute hepatitis C infection and implement appropriate control measures;
- Identify populations in need of services and coordinate the provision of services; and
- Evaluate the effectiveness of ongoing hepatitis C activities.

Hepatitis C is a reportable disease in Massachusetts; reporting is required by regulation. Authorization for reporting hepatitis C information to MDPH is granted under the HIPAA Privacy Rule. All case reports are handled with the highest level of confidentiality.

Between 2001 and 2002 the number of hepatitis C cases reported to the MDPH increased by 180%. Through 2002, over 19,000 confirmed and suspect cases have been identified in Massachusetts and reported to MDPH. This increase is due to the improved screening, assessment, and testing of at-risk patients; and reporting efforts of health care providers like you.

Although the increase in diagnosed hepatitis C cases is noteworthy, the CDC estimates that there are at least 100,000 people in Massachusetts living with hepatitis C. This means we very likely have identified less than 20% of people infected.

As patients are diagnosed with hepatitis C, the demand for services grows. To prepare for increased service needs, MDPH is seeking to understand more about hepatitis C in Massachusetts. To this end, MDPH has implemented new statewide provider-based surveillance protocols, and asks you to serve as a partner in this effort.

What is my role under the new surveillance protocols?

Upon lab confirmation of a non-acute hepatitis C case, the provider who ordered the hepatitis C laboratory tests will receive a **two-sided** case report form from MDPH to complete and return. The information required to complete the form should be in the patient's medical record. Local health departments will remain responsible for the investigation of acute cases only.

www.masshepc.org

1-888-443-HepC (4372)

For questions on reporting, please call 617-983-6800.



What are the steps under the new surveillance protocols?

1. When a hepatitis C laboratory test is ordered, the lab will report any evidence of hepatitis C infection to MDPH.
2. When a laboratory test indicates possible identification of a non-acute case of hepatitis C, MDPH will generate a Hepatitis C Infection Confidential Case Report Form (CRF). The form will be partially completed with information provided by the lab (i.e. patient name, patient address, diagnostic lab test information, etc.).

3. MDPH will send the CRF to the provider who ordered the laboratory test(s) for completion. Providers should complete information in the following areas:

- + Patient information
- + Clinical information
- + Diagnostic lab test information
- + Patient risk history

Since the form is scannable, it is important to write legibly and use blue or black ink.

4. Once complete, the CRF and a copy of any additional lab results should be faxed to MDPH's confidential fax at 617-983-6813, or mailed to the Division of Epidemiology and Immunization Surveillance Program at the Bureau of Communicable Disease Control, 5th Floor, 305 South Street, Jamaica Plain, MA 02130.

Checklist for Collecting Patient Information

Use this checklist as a guide for collecting the information requested on the Hepatitis C Infection Confidential Case Report Form (CRF). Collecting this information during an initial patient encounter will expedite the completion of the CRF, and will help eliminate potentially time-consuming follow-up.

Demographic Information

- ☐ First and last name
- ☐ Street address, city/town, state, zip code
- ☐ Daytime telephone number (or number where patient can be easily reached)
- ☐ Occupation
- ☐ Date of birth (mm/dd/yy)
- ☐ Country of birth
- ☐ Age
- ☐ Sex
- ☐ Last 4 digits of SSN (used to de-duplicate reports)
- ☐ Race
- ☐ Hispanic (yes, no, unknown)
- ☐ Incarceration status (used to identify the location of the patient if address information is not provided)

Lab Test Information

- ☐ Hepatitis C Screening Antibody (Anti-HCV) (e.g. ELISA, EIA)
- ☐ EIA signal-to-cut-off ratio
- ☐ Anti-HCV supplementary test (e.g. RIBA)
- ☐ Viral RNA (e.g. RIBA)
- ☐ Liver function tests (ALT, AST, SGPT, SGOT)

Clinical Information

- ☐ Date of diagnosis (earliest date of lab test confirmation for hepatitis C infection)
- ☐ Patient symptom status (yes, no, or unknown)
- ☐ Date of symptom onset
- ☐ Description of symptoms
- ☐ Patient notification of diagnosis
- ☐ Patient pregnancy status
- ☐ In event of patient death, cause and date of death

Risk/Contact History

- ☐ Year of initial hepatitis C exposure (used to estimate disease progression)
- ☐ Recipient of blood products, organ transplant, or clotting factors
- ☐ History of hemodialysis
- ☐ Substance use history
- ☐ Sexual history (including number of male and female sexual partners, and STD history)
- ☐ Contact with person with known hepatitis C diagnosis
- ☐ Employment in a field involving direct contact with human blood